



Utah Interpreter Program

Educational Interpreter Performance Assessment (EIPA)

Initial Certification Recognition

Please Print!

Name	Last	First	M.I.	Date
Address				New Address? Y N
City	State		Zip Code	
()	()			
Phone (home)		Phone (cell/other)		
/ /				
Date of Birth*		E-mail address		
Male	Female			
(please circle)				

***PLEASE NOTE: This information is kept strictly confidential, and is used for identification only!**

Please complete all that apply:

1. Date Utah Written Exam passed _____
(please include a photocopy of pass letter for verification)
2. Date EIPA Exam passed _____
(please include a photocopy of pass letter for verification)

Elementary EIPA Score				
Roman I	Roman II	Roman III	Roman IV	Total Score

Secondary EIPA Score				
Roman I	Roman II	Roman III	Roman IV	Total Score

Please include a photocopy of the EIPA pass letter for verification.

- ☐ **YES**, you may publish my name and contact information on the Utah Certified Interpreter List / UIP website.
- ☐ **NO**. Do not publish my name and contact information. I understand only my name and level will be published.

All of the information included on this application is true and correct to the best of my knowledge.

Signature

Date

**Make check for
recognition fee
payable to:**

Utah Interpreter Program
5709 South 1500 West / Taylorsville UT 84123-5217
801.263.4860 / 800.860.4860 (In Utah)
www.aslterps.utah.gov

August 2006

Data

Reviewed

Approved